



The Guidance Center's Experience of Integrated Care

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GOALS = CAQE

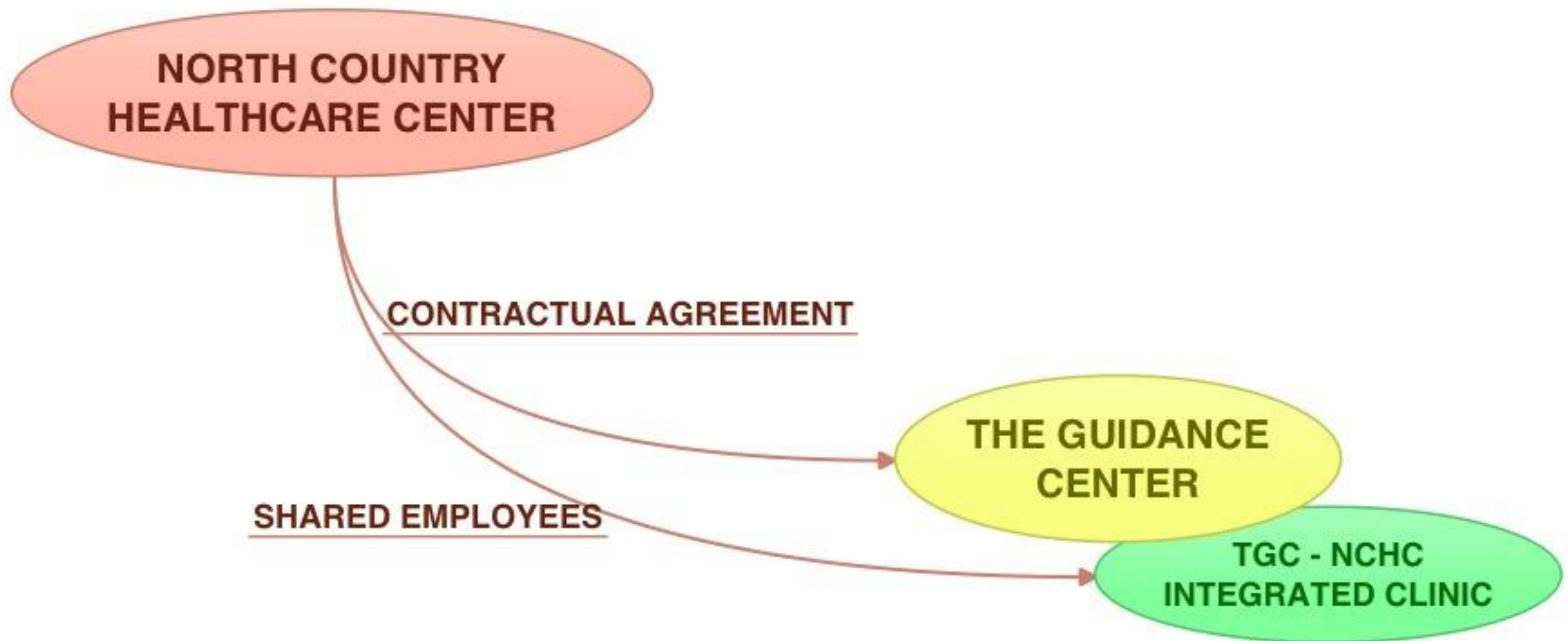
C: Reduce the **COST** of behavioral health and medical care.

A: Improve **ACCESS** to behavioral health and medical care.

QE: Improve the **QUALITY** and **EFFECTIVENESS** of behavioral health and medical care.

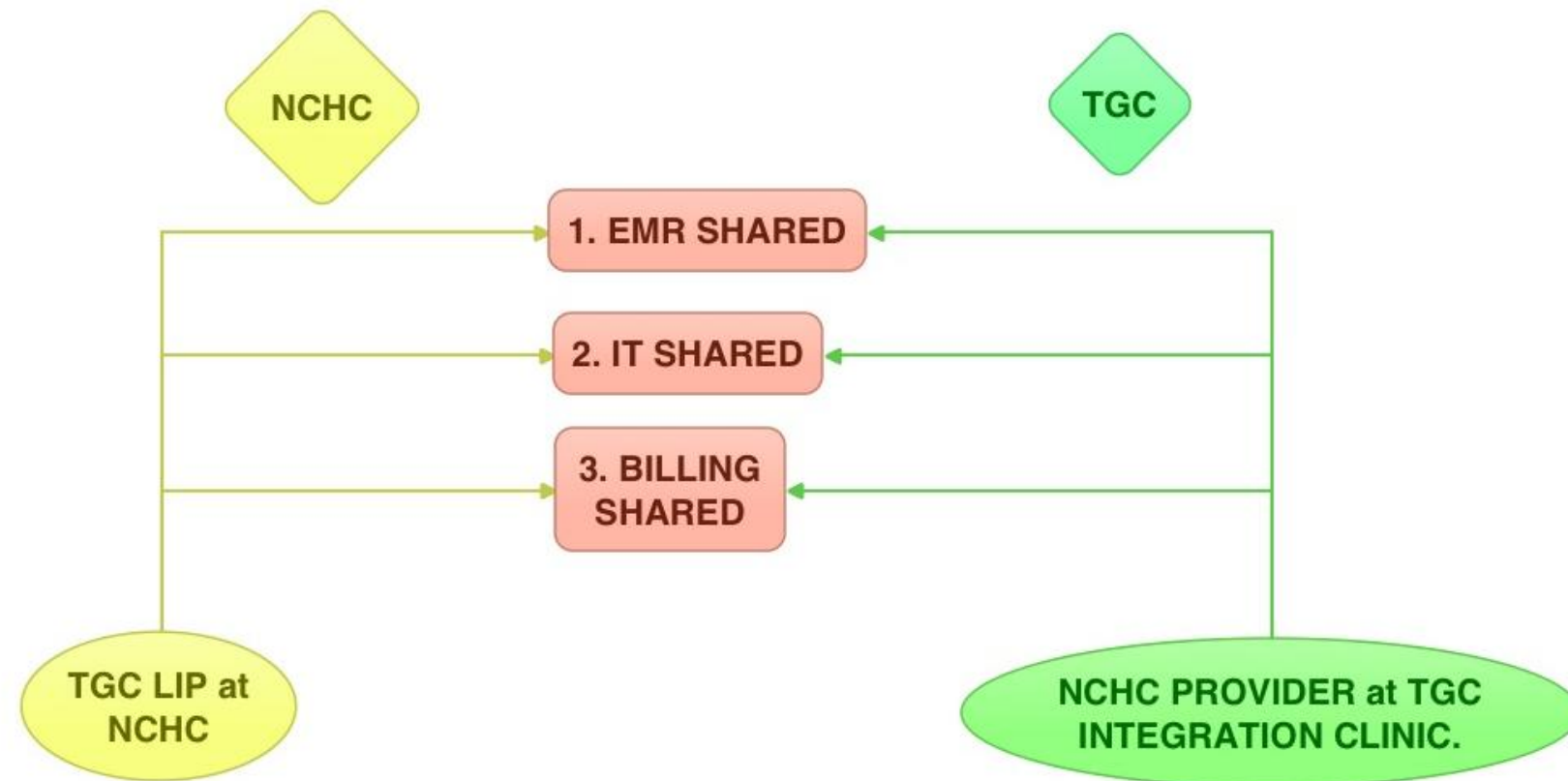
NOW

THE GUIDANCE CENTER's EMBEDDED INTEGRATION MODEL

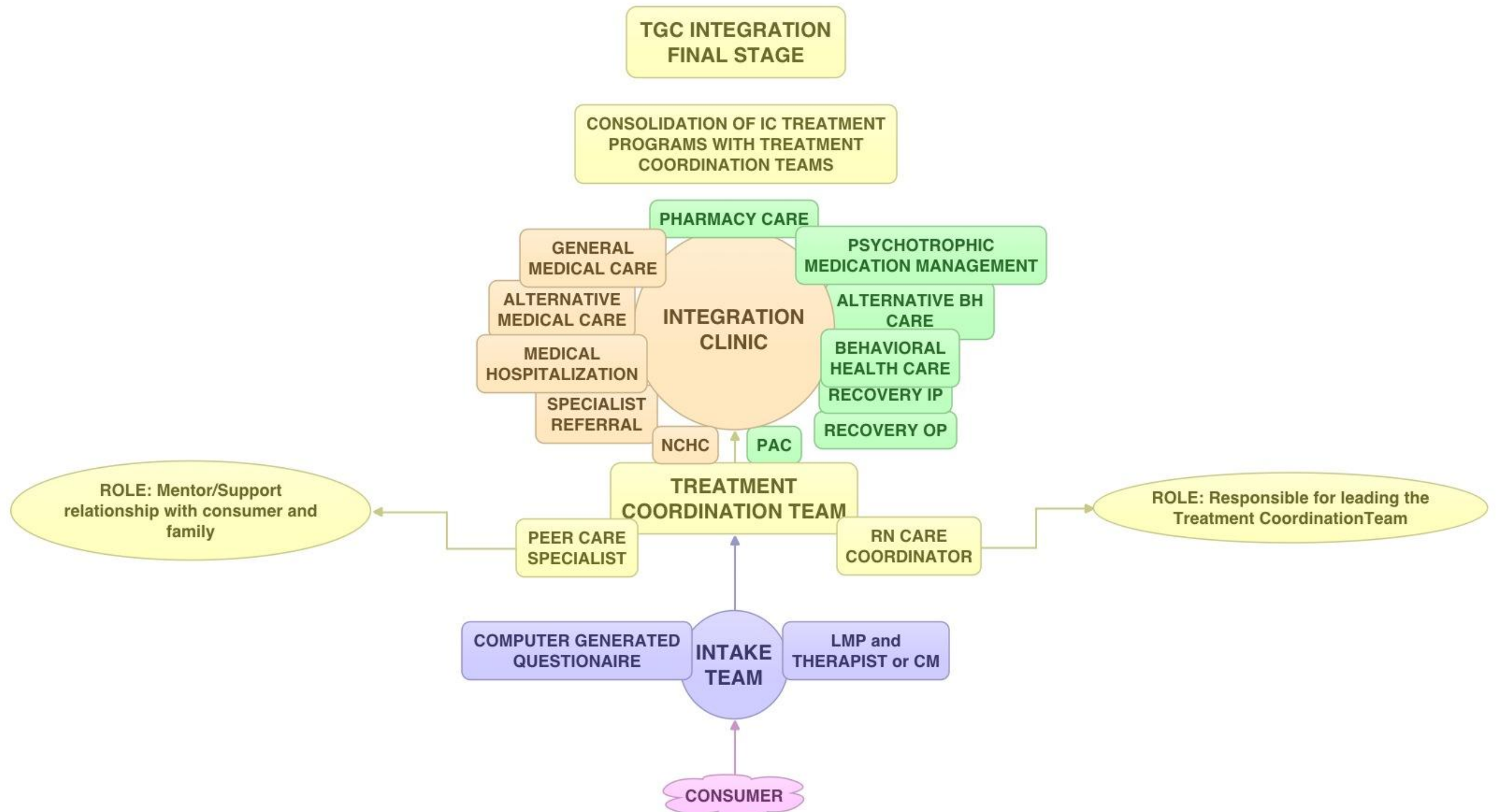


THE NEXT STEP

MISSION: To provide Medical and Behavioral care in a collaborative setting. The care will be of the highest quality, easily attainable and cost effective.



THE FINAL COLLABORATION



WHAT HAS GONE WELL

- **Cooperation between Providers and Integration Personnel**
- **Addition of Evidence Based Alternative Providers**
- **Improved delivery of medical care to the SMI population**
- **Improved healthy living practices**
- **Improved compliance with treatment**

THE RUTS IN THE ROAD

- Facility licensing barriers to billing
- Separation of provider licensing into behavioral and medical health
- Lack of uniform billing process between behavioral and medical health
- Provider resistance to case management model
- Management resistance to merging of administrative positions
- Organizational identity lost
- Start up cost can be high
- Lack of a common EMR
- Cost of a common EMR